

KanCare Advisor

This biweekly news bulletin is designed to provide updates on the readiness and implementation of KanCare. Information is published by the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services.

December 19, 2012



Message from *Director of Medicaid Services, Dr. Susan Mosier...*

Thank you for viewing the latest edition of the KanCare Advisor. We want to thank the many people who have helped make KanCare a reality! On Dec. 7, we received word from the Centers for Medicare and Medicaid Services (CMS) that the State of Kansas has demonstrated it's ready for a Jan. 1, 2013 start date for KanCare.

We are thrilled to receive this news. The hard work continues to prepare Kansans for this major improvement to the Kansas Medicaid system, and we're full steam ahead when it comes to education for the hundreds of thousands of KanCare members and providers. We want everyone to be ready when KanCare launches.

In the coming weeks, members will receive numerous mailings related to KanCare. Some of these letters will come from the State of Kansas and some will come from the managed care organizations (health plans)—Amerigroup Kansas, Sunflower State Health Plan and United Healthcare Community Plan. Members will continue to receive phone calls welcoming them to the KanCare program.

If you have any questions or concerns about KanCare health plans, providers or services, feel free to call the KanCare Consumer Assistance Line at 1-866-305-5147 or call each health plan directly. These numbers are also available on the KanCare website, www.kancare.ks.gov. All of this contact information can also be found in the KanCare enrollment packet that was mailed in November.

We understand this is a big change for everyone and that can be scary. We're here to walk with you through the process and ensure that your Medicaid services continue at a high quality uninterrupted. We have many measures in place to protect your Continuity of Care.

We believe KanCare is the answer for Kansans. It will help us provide integrated, coordinated care for our state's most vulnerable citizens while keeping costs down. We look forward to serving you!



Gov. Sam Brownback addresses the media at the news conference Dec. 7, to announce CMS approval of KanCare.

Upcoming Events

New!: Daily Rapid Response Calls—Starting Dec. 26, the State will host a daily operated-assisted stakeholder call. These calls will be held at 9 a.m., Monday through Friday. The daily calls will continue throughout the month of January. Call 1-877-247-8650 and use ID code 79687456. During the call, we invite consumers, providers and stakeholders to ask questions about their individual concerns about transition to KanCare.

Weekly Status Calls Turn to Daily Calls Dec. 26—We held our final weekly status conference call for stakeholders on Dec. 19. As we approach Jan. 1, we're moving to the daily response calls. If you would like to listen to previous weekly status calls, you can call 1-855-859-2056. You will need the conference ID codes for the week's call that you are interested in.

Dec. 5: 43646944	Nov. 21: 43646894
Nov. 28: 43646920	Nov. 14: 43646892

Webinar for Beneficiaries—A webinar was held for consumers on Dec. 14. Those who were not able to participate in the live event can soon view it on the KanCare website in the Consumer section, under Events.



Another educational tour is coming to a town near you in February. Details to be announced soon!

New: Checklist for KanCare Consumers



Change can be difficult. We're making it easy. Check out our new checklist for KanCare Consumers. The front and back document walks you through enrollment. Find it at www.kancare.ks.gov. It's located in the Consumer section.

Want to see detailed reports on what's being done to prepare Kansans for the new KanCare program?

www.kancare.ks.gov/readiness_activities.htm



Continue to check the KanCare Website for new info

Continuity of Care



As we look forward to the start of KanCare, the State of Kansas wants to ensure that current Medicaid recipients continue to receive the care they've come to count on. Here's a list of measures we're providing to preserve continuity of care.

- The three Managed Care Organizations (MCOs) must honor all plans of care, prior authorizations and established provider/member relationships. Even if the established provider is not in an MCO network, the provider will still be paid at 100 percent of the Medicaid fee-for-service rate through the first 90 days.
- For KanCare consumers currently living in a Medicaid-reimbursed residential setting, such as a nursing facility, the MCOs will pay those facilities at the fee-for-service rate for one year—whether or not the provider is in the MCO's network.
- For those receiving Home and Community Based Services (HCBS) through one of the HCBS waivers, up to an additional 90 days will be available for existing plans of care and providers if a new plan of care is not in place within 90 days of Jan. 1, 2013. HCBS members could have up to 180 days to continue with their existing services and providers—whether or not they are in the MCO's network.
- All KanCare consumers will have until April 4, 2013, to make a change to their auto-assignment. If they don't like the MCO to which they were assigned, they can pick one of the other two. Any changes made after Jan. 1, 2013, will take effect the first day of the following month.
- The three MCOs must make sure specialty care is available to all members. They are required to meet federal and state distance or travel time standards. If an MCO does not have a specialist available to members within those standards, it must allow members to see out-of-network providers. If an MCO is unable to provide medically-necessary services in its network, it must cover those services out-of-network and must have single-case arrangements or agreements with non-network providers to make sure members have access to covered services. The rate will be negotiated between the plan and the provider. Providers cannot bill members for any difference.
- Emergency services are not limited to in-network hospitals. As required by federal law, the State's KanCare contract requires each MCO to cover and pay for emergency services, including services needed to evaluate or stabilize an emergency medical condition—regardless of whether the provider that furnishes the service has a contract with the MCO.
- For other out-of-network services—after the transition—MCOs will pay out-of-network providers that choose to serve Medicaid members 90 percent of the Medicaid rate. Under federal law, the Medicaid consumer cannot be made to pay the difference in standard rates and those paid by the MCO.

A video tutorial about navigating the KanCare website has now been posted to the website's home page.

You'll find it at the top right corner at www.kancare.ks.gov



Meet the New KanCare Ombudsman: James Bart was appointed to the position on Dec. 12. The Lawrence attorney will be responsible for assisting consumers with unresolved access, service and benefits problems. In particular, he'll help those in the Home and Community Based Services (HCBS) Waiver program and others receiving long-term care services through KanCare. His office is located in the New England building at 5th and Kansas Ave., in Topeka. Those needing his help should call 1-855-643-8180.

Bart has a history as an advocate for persons with disabilities—his son has developmental disabilities. Bart says he speaks the language and has navigated the challenges and opportunities in Kansas Medicaid. He told stakeholders last week, during the regular weekly conference call, "I'm glad to be on board."

He looks forward to helping Kansans by listening to their concerns and inspiring confidence in KanCare consumers, their families and caregivers, to find positive outcomes.



For more information about the role of the KanCare Ombudsman, visit http://www.kancare.ks.gov/readiness_activities.htm

Q & A of the Day

Q: When can I expect to get my KanCare card?

A: Each managed care organization (MCO), or health plan—UnitedHealthcare, Sunflower and Amerigroup—has its own card. Your assigned MCO will mail you a card before Jan. 1, 2013. If you do not receive your card in the mail by Jan. 4, contact your MCO on the number provided in your packet. Show your card to your provider to make sure the services are covered. The card does not guarantee coverage.

 **Begins in 12 Days**

Governor's KanCare Advisory Council
Jan. 8, 2013, 2 p.m. to 4 p.m.
Curtis State Office Building, Room 530

KanCare Advisor is published every other week. Please address questions and concerns about this news bulletin and the KanCare website to the KanCare External Communications Team at 785-296-5795 or communications@kdheks.gov

External Stakeholder Workgroups

There are four external stakeholder workgroups associated with the implementation of KanCare. Each has well-rounded representation from constituency groups and at least one KanCare Advisory Council member. These work groups collaborate with representatives from the KanCare Interagency Implementation Team to address issues impacting Medicaid beneficiaries and providers in Kansas.

Next Workgroup Meetings

Providers: Jan. 17, from 9 a.m. to noon, DCF Learning Center

Managed Care Organizations: Jan. 14, 11 a.m. Conference Call



Member Involvement and Protections: Jan. 9, 2 p.m. to 4 p.m., Location TBD

Specialized Healthcare and Network Issues: Jan. 7, 2013, 1:30 to 3:30 p.m., DCF Learning Center, Rm. B

The Meeting Minutes for KanCare External Stakeholder Workgroups can be found on the KanCare website in the Advisory Council section.